



5360 Legacy Drive
Suite 101
Plano, TX 75024
P: (972) 464-0022 F: (972) 464-0021
www.oceanshealthcare.com

Re: Oceans Healthcare comments on Interim Charge #3

Madam Chair Thompson and Members of the Public Health Committee:

Thank you for the opportunity to submit comments on Interim Charge #3 – Behavioral Health Capacity.

Oceans Healthcare is a growing behavioral health care provider focused on healing and long-term recovery. Founded in 2004, Oceans Healthcare is headquartered in Plano, Texas and has a network of 18 hospitals and 29 treatment locations across the South. In Texas, we own and operate eight psychiatric hospitals, providing more than 300 inpatient mental health beds to adults and children, often in areas with scarce mental health resources: Midland/Odessa, Amarillo, Abilene, Longview, Lufkin, Waco, Katy, and Pasadena. In addition to our inpatient services, we provide outpatient care at all of our facilities, operate a specialized military behavioral health program at our Abilene and Waco facilities that focuses on long-term wellness of active duty military members and veterans, and we recently partnered with CHRISTUS Spohn Health System in Nueces County to expand, manage, and operate the system's behavioral health care program.

Oceans Healthcare is an in-network provider with the commercial plans, ERISA plans, and all Medicaid and Medicare plans in the service delivery areas we serve. We work very closely with the Medicaid managed healthcare plans and with Local Mental Health Authorities (LMHAs) to ensure state clients have access to the services we provide. We consistently achieve industry-leading performance metrics on national quality and safety measurements, as determined by the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission. We are committed to increasing our presence in Texas in traditionally underserved communities.

Support Through Active Recovery (STAR) Program

According to the 2019 National Veteran Suicide Prevention Annual Report published by the U.S. Department of Veterans Affairs, the suicide rate for Veterans in 2017 rose by 6.1 percent over the previous year and was 1.5 times greater than that of non-veteran adults. These statistics are disheartening, but there is hope. That is why in 2018 we launched our STAR program in response to the growing need of behavioral health care for our military service members. STAR offers inpatient and intensive outpatient programs to address combat-related PTSD, military sexual trauma, co-occurring substance use disorder, and other behavioral health illnesses. STAR is different from civilian treatment programs, from the content and focus of therapy sessions to the highly structured daily schedule and coordination with on-base or Veteran's Affairs personnel. The program is driven by clinical programming developed by physicians and specialists familiar with military life. Physician-led treatment teams are trained in evidence-based psychotherapies, including clinical practice guidelines recommended by the Department of Defense and Veteran's

Administration. Services are also available for family members who are experiencing acute behavioral health issues.

While increasing access to specialized mental health treatment for service members is critical, we must also continue to work toward destigmatizing mental illness and encouraging individuals to seek help. The fear of reporting symptoms of mental illness is a barrier for many, but members of the armed forces are under even more pressure to remain focused under extremely difficult, high-stress situations. By working to treat mental illness as a part of routine healthcare in the military and in our communities, we can hopefully encourage more servicemembers to seek help at the first sign of trauma and work to combat the alarming suicide rate among our nation's heroes.

Recommendations

1. **Utilize capacity in the private sector to pilot a program focused on long-term civilly committed patients.** According to the HHSC's *Comprehensive Plan for State-Funded Inpatient Mental Health Services* there will be a need for at least 1100 new inpatient psychiatric beds over the next 10 years. The improvements made to the state hospital system over the last four years will have a positive impact on the need for increased beds, especially for forensic commitments, however, the state will continue to see waitlists for inpatient services as population growth continues to outpace new state hospital capacity.

In order to address the ongoing need for inpatient psychiatric capacity, and to supplemental the resources and planning provided to the state hospital system, the Legislature could fund a pilot program for long-term (30-90 days) civil patient stays in the private sector. Metrics such as overall cost and recidivism rates in the pilot can be compared to patient stays in the state hospital system. This would allow for an instant increase in inpatient capacity without construction costs and allow the state hospital system to focus on forensic commitments. The pilot could focus on regions of the state with the largest waitlists and in rural areas where access to behavioral health services are scarce. To ensure coordination of care, any pilot program planning should include input for the provider, the LMHA, local law enforcement, the local court systems, and HHSC.

2. **Remove the requirement that private behavioral health hospitals pay court fees for patients that are committed to their facilities.** Chapter 571 of the Health and Safety Code details the procedures for emergency detentions and orders of protective custody (OPC). That process includes a hearing or proceeding during which a judge approves or denies an application for emergency detention or OPC. Chapter 571.018 outlines the costs associated with those hearings and requires that private facilities pay those costs if the patient is committed to their facility. These additional costs are a deterrent for utilizing capacity that is available in the private sector. For example, in 2019 Oceans Healthcare paid over \$300,000 in court fees associated to care provided at our facilities. Removing the requirement that private facilities pay these fees will allow companies like ours to reinvest those funds into the care we provide and expand our capacity to new areas of the state.

3. **Increase access to inpatient behavioral health care for children in need of Residential Treatment Center (RTC) level of care by increasing funding for those services.** RTCs are state licensed facilities that provide 24-hour residential care for young adults with emotional disorders. Services required to be provided at an RTC are robust and include weekly individual, group, and family counseling, medication as prescribed, access to physical health care, appropriate grade level educational services, and social and recreational services. For children in state conservatorship, DFPS determines if a child is in need of RTC level of care. If a child is found to need RTC level of care, they often have to wait weeks for a bed to become available while their condition worsens. Additionally, HHSC operates an RTC Relinquishment Avoidance Project which allows parents with children with a mental illness to utilize RTC services without having to relinquish their parental rights to the state. Families that are eligible for and participate in this project also have to wait weeks for a bed to become available. RTC capacity is limited because of the level of service required to be provided and the extremely low rates for those services. The legislature should examine opportunities to increase rates for RTC services for both DFPS and HHSC clients to increase capacity and reduce the time children have to wait before they receive services in an RTC.
4. **Examine ways to provide survey consistency across the state for psychiatric hospitals.** Our eight Texas facilities span five of HHSC's regional service areas. We have found that surveyors across each region interpret rules and regulations differently. This leads to different enforcement actions and confusion among our hospital administrators who are being told in one region to apply a regulation one way and completely differently in another. A clear and consistent survey structure statewide will ensure regulations are being applied uniformly and appropriately while giving providers clarity into the survey process.

Thank you again for the opportunity to submit these written comments. We look forward to working with you to find ways to expand behavioral health capacity, reduce the stigma associated with mental illness, and ensure all Texans have access to behavioral health care

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Stuart Archer", with a stylized flourish at the end.

Stuart Archer, CEO
Oceans Healthcare